

**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Government Agency Application for Data**

This application is to be used by all applicants, except Government Agencies, as defined in 957 CMR 5.02.

NOTE: In order for your application to be processed, you must submit the required application fee. Please consult the fee schedules for APCD and Case Mix data for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA [website](#).

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name:	Brian Kelley
Title:	Director of IT & Data Services
Organization:	Massachusetts Health Data Consortium
Project Title:	Inpatient, ED & Observation Data 2013
Date of Application:	May 28, 2014
Project Objectives (240 character limit)	Provide de-identified data and analyses to Massachusetts health care providers and associations for the purposes of: - market share by geography and facility - utilization and level of service by MDC, DRG, and other Dx and Tx categories
Project Research Questions (if applicable)	1. 2. 3.

I. PROJECT SUMMARY

Briefly describe the purpose of your project and how you will use the requested CHIA data to accomplish your purpose.

Provide de-identified data and analyses to Massachusetts health care providers and associations for the purposes of:
- market share by geography and facility
- utilization and level of service by MDC, DRG, and other Dx and Tx

II. FILES REQUESTED

Please indicate the databases from which you seek data, the Level(s) and Year(s) of data sought.

ALL PAYER CLAIMS DATABASE	Level 1 ¹ or 2 ²	Single or Multiple Use	Year(s) Of Data Requested Current Yrs. Available 2009 - 2012
<input type="checkbox"/> Medical Claims	<input type="checkbox"/> Level 1 ³ <input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Pharmacy Claims	<input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Dental Claims	<input type="checkbox"/> Level 2	Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012
<input type="checkbox"/> Member Eligibility	<input type="checkbox"/> Level 2	Select...	
<input type="checkbox"/> Provider	<input type="checkbox"/> Level 2	Select...	
<input type="checkbox"/> Product	<input type="checkbox"/> Level 2	Select...	

CASEMIX	Level 1 - 6	Fiscal Years Requested
Inpatient Discharge	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input checked="" type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	<u>1998-2013 Available</u> (limited data 1989-1997) 2013 Can we also receive updates to level 4 for 2011 and 2012 data that we purchased in prior years?
Outpatient Observation	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input checked="" type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	<u>2002-2012 Available</u> (2013 available 8/1/14) 2010 2011 2012 2013

¹ Level 1 Data: De-identified data containing information that does not identify an individual patient and with respect to which there is no reasonable basis to believe the data can be used to identify an individual patient. This data is de-identified using standards and methods required by HIPAA.

² Level 2 (and above) Data: Includes those data elements that pose a risk of re-identification of an individual patient.

³ Please note that Level 1 APCD data is not available as of 4/30/2014. This is scheduled to be available later in 2014.

Emergency Department	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input checked="" type="checkbox"/> Level 4 – UHIN and UPN; Stated Reason for Visit <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	<u>2000-2012 Available</u> <u>(2013 available 9/1/14)</u> <u>2013</u> Can we also receive updates to level 4 for 2011 and 2012 data that we purchased in prior years?

III. FEE INFORMATION

Please consult the fee schedules for APCD (Administrative Bulletin 13-11) and Case Mix data (Administrative Bulletin 13-09) and select from the following options:

APCD Applicants Only

- ☐ Academic Researcher
☐ Others (Single Use)
☐ Others (Multiple Use)

Case Mix Applicants Only

- ☐ Single Use
☐ Limited Multiple Use
☒ Multiple Use

Are you requesting a fee waiver?

- ☐ Yes
☒ No

If yes, please submit a letter stating the basis for your request. Please refer to the fee schedule for qualifications for receiving a fee waiver. If you are requesting a waiver based on the financial hardship provision, please provide documentation of your financial situation. Please note that non-profit status alone isn't sufficient to qualify for a fee waiver.

IV. REQUESTED DATA ELEMENTS [APCD Only]

State and federal privacy laws limit the use of individually identifiable data to the minimum amount of data needed to accomplish a specific project objective. Please use the [APCD Data Specification Workbook](#) to identify which data elements you would like to request and attach this document to your application.

V. MEDICAID DATA [APCD Only]

Please indicate here whether you are seeking Medicaid Data:

- ☐ Yes
☒ No

Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected with the administration of the Medicaid program. If you are requesting Medicaid data from Level 2 or above, please describe in detail why your use of the data meets this requirement. Applications requesting Medicaid data will be forwarded to MassHealth for a determination as to whether the proposed use of the data is directly connected to the administration of the Medicaid program. MassHealth may impose additional requirements on applicants for Medicaid data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

n/a

VI. REQUESTS PURSUANT TO 957 CMR 5.04

If you are a payer, provider, provider organization or researcher seeking access to Level 1 (de-identified) data, please describe how you will use such data for the purposes of lowering total medical expenses, coordinating care, benchmarking, quality analysis or other administrative research purposes. Please provide this information below.

n/a

VII. FILTERS

If you are requesting APCD elements from Level 2 or above, describe any filters you are requesting to use in order to limit your request to the minimum set of records necessary to complete your project. (For example, you may only need individuals whose age is less than 21, claims for hospital services only, or only claims from small group projects.)

APCD FILE	DATA ELEMENT(S) FOR WHICH FILTERS ARE REQUESTED	RANGE OF VALUES REQUESTED
Medical Claims		
Pharmacy Claims		
Dental Claims		
Membership Eligibility		
Provider		
Product		

VIII. PURPOSE AND INTENDED USE

1. Please explain why completing your project is in the public interest.

Providing Inpatient/ED/Observation analytics to Consortium members helps providers manage costs in accountable care organizations, with the goal of lowering costs for all healthcare consumers in Massachusetts. Additionally, case mix analytics enable healthcare providers to improve site, service and resource utilization to guide clinical quality improvement programs.

2. **Attach** a brief (1-2 pages) description of your research methodology. (This description will not be posted on the internet.)
3. Has your project received approval from your organization's Institutional Review Board (IRB)? Please note that CHIA will not review your application until IRB documentation has been received (if applicable).
 - ☐ Yes, and a copy of the approval letter is attached to this application.
 - ☐ No, the IRB will review the project on _____.
 - ☒ No, this project is not subject to IRB review.
 - ☐ No, my organization does not have an IRB.

IX. APPLICANT QUALIFICATIONS

1. Describe your qualifications to perform the research described or accomplish the intended use of CHIA data.

The Consortium has been providing Hospital data to our clients for 36 years, in a secure environment. This year we are adding a front-end, working with a well established company whose qualifications are described in section XII

2. Attach résumés or curricula vitae of the applicant/principal investigator, key contributors, and of all individuals who will have access to the data. (These attachments will not be posted on the internet.)

X. DATA LINKAGE AND FURTHER DATA ABSTRACTION

1. Does your project require linking the CHIA Data to another dataset?
 - ☐ Yes
 - ☒ No
2. If yes, will the CHIA Data be linked to other patient level data or with aggregate data (e.g. Census data)?
 - ☐ Patient Level Data
 - ☐ Aggregate Data
3. If yes, please identify all linkages proposed and explain the reasons(s) that the linkage is necessary to accomplish the purpose of the project. Please be specific in describing vvhich data elements will be linked to outside datasets and how this will be accomplished.

n/a

4. If yes, please identify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

n/a

XI. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting.

We have no plans to publish or disclose CHIA data publicly in any setting.

2. Will the results of your analysis be publicly available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee.

The results will not be publicly available, they are only available to our Consortium clients who purchase the right to use the software tool that analyzes the data and generates reports

3. Will you use the data for consulting purposes?

☐ Yes
☒ No

4. Will you be selling standard report products using the data?

☒ Yes
☐ No

5. Will you be selling a software product using the data?

☒ Yes
☐ No

6. If you have answered "yes" to questions 3, 4 or 5, please describe the types of products, services or studies.

The Spotlight Data Platform will house the CHIA data in an encrypted database from which data cubes of abstracted and aggregated are used to support the analytic dashboards. A "Data cube", also called an OLAP (online analytical processing) cube, is a method of storing data in a multidimensional form, generally for reporting purposes. In OLAP cubes, data (measures) are categorized by dimensions. OLAP cubes are often pre-summarized across dimensions to drastically improve query time over relational databases. The query language used to interact and perform tasks with OLAP cubes is multidimensional expressions (MDX).

More product detail is contained below in section XII

XII. USE OF AGENTS AND/OR CONTRACTORS

Third-Party Vendors. Provide the following information for all agents and contractors who will work with the CHIA Data.

Company Name:	HBI Solutions
Contact Person:	Eric Widen
Title:	President
Address:	530 Lytton Avenue, Second Floor, Palo Alto, CA 94301
Telephone Number:	(415) 350-3140
E-mail Address:	ewiden@hbisolutions.com
Organization Website:	www.hbisolutions.com

7. Will the agent/contractor have access to the data at a location other than your location or in an off-site server and/or database?

☐ Yes
☒ No

8. Describe the tasks and products assigned to this agent or contractor for this project.

Install and provide ongoing support to the Spotlight Healthcare Data Platform and Spotlight Healthcare Analytics module. The Spotlight Data Platform will house the CHIA data in data cubes used to support the analytic dashboards.

9. Describe the qualifications of this agent or contractor to perform such tasks or deliver such products.

HBI Solutions is a healthcare data analytics company headquartered in Silicon Valley. The company is three years old and their products are only related to healthcare analytics. The company was founded by Stanford researchers and healthcare leaders each with over 20 years' experience in healthcare IT and data. Their product is currently installed in the Maine Health Information Exchange which includes a five year longitudinal history on over 1.3mn people and over 20mn encounters. The product is securely accessed by physicians, nurses, administrators and staff throughout the state on a daily basis. HBI has entered into HIPAA BAA and subcontractor arrangements associated with managing protected health information for its clients.

10. Describe your oversight and monitoring of the activity and actions of this agent or subcontractor.

HBI Solutions will be overseen by Brian Kelley, Director of IT & Data Services at MHDC. During the implementation phase, daily standup meetings will occur to review progress. Daily audit logs will be compiled and reviewed to understand who accessed the system and for what purpose.